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AUG 0 4 2005

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): LaPlace

Appln No.:

10/628,073

Filed:

July 25, 2003

For:

APPARATUS AND METHOD FOR

**AUTOMATED FORMING OF SLEEVES** 

FOR SLICED PRODUCTS

Art Unit:

3721

Examiner:

Durand, Paul R.

Attorney Docket No.: 67505

Customer No.: 48940

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Confirmation No. 3498

#### CERTIFICATE OF MAILING BY FACSIMILE

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being sent via facsimile to (571) 273-8300 on the date shown below, and is addressed to the attention of Commissioner for Patents.

08/04/05

Date

Birmingham stration No. 1,22 mey for Applicant

### **AMENDMENT**

Sir:

In response to the Office action of March 4, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 13 of this paper.

08/05/2005 HLE333 00000008 061135 10628073

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AUG 0 4 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln No.: 10/628,073 )

Filed: July 25, 2003 )

Applicant(s): LaPlace )

Title: Apparatus and Method for Automated Forming of Sleeves for Sliced Products )

Art Unit: 3721 )

Examiner: Durand, Paul R.

48940

Confirmation No. 3498

#### CERTIFICATE OF MAILING BY FACSIMILE

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being sent via facsimile to (571) 273-8300 on the date shown below, and is addressed to the attention of Commissionar for Patents.

8/04/05

Date

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Attorney Docket: 67505

Customer No.:

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- ☐ An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is enclosed.
- No additional fee is required.

# Fee Calculation For Claims As Amended

ree Calculation For Claims As Americeo										
	As Amended		Previously Paid For			Present Extra		Rate	A	dditional Fee
Independent Claims	8		5	**	=	3	_x \$	200.00	=_\$_	600.00
Total Claims	12		28	•	=	0	x \$	50.00	= \$	0.00
Fee for Multiply Dependent Claims							\$	360.00		<u> </u>
** At least 3						Total Ad	dditi	onal Fee	\$	600.00
* At least 20									_	

□ Applicant(s) assert entitlement to Small Entity Status
 (37 C.F.R. § 1.27), thus reducing the fee by half to:

\$ 0.00

Application No. 10/628,073 Amendment dated August 4, 2005 Reply to Office Action of March 4, 2005

- A check in the amount of \$\_\_\_\_\_ is enclosed.
- Charge \$ 600.00 to Deposit Account No. 06-1135.
- ▼ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

August 4, 2005 Date

A. Birminghaf

51,222 Registration No

FITCH, EVEN, TABIN & FLANNERY 120 South LaSalle Street, Suite 1600 Chicago, Illinois 60603-3406 Telephone: (312) 577-7000

Facsimile: (312) 577-7007